



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 7189

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/022,961  | <b>FILING DATE</b><br>12/13/2001<br><b>RULE</b>   | <b>CLASS</b><br>607           | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>1351-1-1 |                                |
| <b>APPLICANTS</b><br>Raphael Fifo Meloul, Atlanta, GA;<br>Caryn Oberman, Atlanta, GA;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/255,617 12/13/2000   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 01/17/2002   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWING</b><br>14   | <b>TOTAL CLAIMS</b><br>7               | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>25207   |   |                               |   |  |                                |
| <b>TITLE</b><br>Movement initiation device used in Parkinson's disease and other disorders which affect muscle control  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>435   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |